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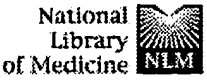

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#34	**Related Articles** for **PubMed** (Select **5269370**)	12:09:18	136
#25	Search **colistimethate**	12:06:05	54
#21	Search **colistin sodium methanesulfonate**	11:14:34	12
#19	Search **colimycin sodium methanesulfonate**	11:13:48	5
#18	Search **colimycin sodium emthanesulfonate**	11:13:38	61
#4	Search **colistin methanesulfonate sodium**	10:45:41	9
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1: J Clin Pharmacol J New Drugs 1970 Jul-Aug;10(4):274-81

Evaluation of sodium colistimethate aerosol in gram-negative infections of the respiratory tract.

Rose HD, Pendharker MB, Snider GL, Kory RC.

PMID: 5269370 [PubMed - indexed for MEDLINE]

1: Ann Intern Med 1969 Jan;70(1):232-3

Colistin sulfate versus sodium colistimethate.

Goodwin NJ.

PMID: 4303300 [PubMed - indexed for MEDLINE]

1: JAMA 1970 Oct 26;214(4):763

Colistin sulfate and sodium colistimethate.

Gabrielson RM.

PMID: 5536125 [PubMed - indexed for MEDLINE]

1: Clin Infect Dis 1996 Sep;23(3):641-3

Prolonged efficiency of secondary prophylaxis with colistin aerosols for respiratory infection due to Pseudomonas aeruginosa in patients infected with human immunodeficiency virus.

Zylberberg H, Vargaftig J, Barbieux C, Pertuiset N, Rothschild C, Viard JP.

Service d'Immunologie Clinique, Hopital Necker, Paris, France.

PMID: 8879797 [PubMed - indexed for MEDLINE]

1: Rev Mal Respir 1996;13(1):55-60

[Pulmonary deposition of colistin aerosols in cystic fibrosis. Comparison of an ultrasonic nebulizer and a pneumatic nebulizer]

[Article in French]

Gagnadoux F, Diot P, Marchand S, Thompson R, Dieckman K, Lemarie E, Varaigne F, Maurage C, Baulieu JL, Rolland JC.

Service de Pneumologie, CHU Bretonneau, Tours.

The objective of this study was to quantify the deposition in the lung of a Colistine aerosol generated using a pneumatic nebuliser (Pari LL(R) equipped with a Pari Master, Pari, Germany) and to compare this with the results obtained with an ultrasonic nebuliser (DP100, DP Medical, France) in four subjects suffering from cystic fibrosis being colonised with Pseudomonas aeruginosa. To quantify the pulmonary deposition of the aerosols we have used an indirect isotopic method which consists in assimilating the kinetics of the molecules studied with a serum albumin tagged with Technetium 99m (Tc99mm) and added to a preparation of Colistine. We have previously verified that the addition of a radioactive tracer does not change the normal distribution or dynamics of the medication within the aerosol and the radioactive counter linked to the tracer reflects the mass of the medicament. The pulmonary deposition was expressed as a percentage of the nebuliser dose. A regional analysis of the deposition (central, peripheral, superior and inferior) was carried out and in central deposition compared to the periphery (C/P) and superior compared to inferior (S/I) were calculated. With the DP100 nebuliser the pulmonary deposition of the aerosol was very reproducible from one patient to another, varying only between 9.5 to 14 percent of the nebuliser dose. With the Pari LL the fraction deposited varied more from one patient to another from 5.6 to 27% of the nebuliser dose. In three of four patients, the pulmonary deposition was superior or equal to that obtained with the ultrasonic nebuliser. The patients whose pulmonary deposition was inferior, using the pneumatic nebuliser, was the youngest in the group and co-ordinately poorly the triggering of the nebuliser with the beginning of inspiration. With the two nebulisers, the pulmonary deposition of Colisitine was very heterogeneous throughout the pulmonary parenchyma. The mean of the ratio C/P and S/I obtained in all four patients was identical (1.35 an 0.86 respectively), indicating a deposition of the aerosol which was predominantly central and inferior but was distributed equally in the peripheral parts of the lung. Pneumatic nebulisers offer a reliable alternative notably for domiciliary treatment for Colistine aerosols in patients suffering from cystic fibrosis. In younger patients who have not yet acquired good motor co-ordination, nebulisers which function continuously or are triggered by inspiration seem to be the preferred choice.

Publication Types:
Clinical Trial
Randomized Controlled Trial

PMID: 8650418 [PubMed - indexed for MEDLINE]

1: Infection 1986 Mar-Apr;14(2):79-81

Comparison of the binding of gram-negative bacterial endotoxin by polymyxin B sulphate, colistin sulphate and colistin sulphomethate sodium.

Rogers MJ, Cohen J.

Polymyxins are cyclic polypeptide antibiotics. In addition to their bactericidal activity they bind lipid A and neutralize the biological effects of bacterial endotoxin. We have studied the three available polymyxin preparations: polymyxin B sulphate (PB), colistin sulphate (CS) and colistin sulphomethate sodium (CMS), and compared their endotoxin binding capacity at equivalent therapeutic dosage. Each polymyxin was bound to a column of Sepharose 4B and challenged with 5 micrograms of endotoxin from Escherichia coli 0127:B8. Recovery of endotoxin in the eluate was measured by a quantitative Limulus lysate microassay. PB and CS bound 94% of the challenge dose, CMS 89% and the control column (Sepharose alone) 24%. These results suggest that parenteral CMS (the least toxic polymyxin) retains useful anti-endotoxin capacity, and that in neutropenic patients, oral polymyxin may exert both anti-endotoxin and antimicrobial effects.

PMID: 3011678 [PubMed - indexed for MEDLINE]

1: Curr Opin Pulm Med 2001 Nov;7(6):434-40

The clinical use of colistin in patients with cystic fibrosis.

Beringer P.

School of Pharmacy, University of Southern California, Los Angeles, California 90089-9121, USA. beringer@usc.edu

Colistin is a cationic polypeptide antibiotic from the polymyxin family that was first introduced in 1962 but abandoned in the early 1970s because of initial reports of severe toxicities. However, a recent increase in the prevalence of multidrug resistant (MDR) Pseudomonas aeruginosa and the lack of novel agents in development calls for a need to re-examine the role of colistin therapy in patients with cystic fibrosis. Current data supports the use of intravenous colistimethate for the treatment of acute pulmonary exacerbations involving MDR P. aeruginosa and inhaled therapy for initial colonization. The frequency of nephrotoxicity and severity of neurotoxicity seem to be substantially less than previously believed. In addition, recent pharmacokinetic and pharmacodynamic data suggests new intravenous dosing regimens may enhance efficacy while minimizing toxicities; such regimens deserve further evaluation. Pre- and post-treatment spirometry is recommended at initiation of inhaled colistin therapy to identify sensitized individuals. Judicious use of colistin where the benefits have been clearly documented will retain this as a useful agent in the management of P. aeruginosa infections in patients with cystic fibrosis.

Publication Types:
Review
Review, Tutorial

PMID: 11706322 [PubMed - in process]

1: Jpn J Antibiot 1974 Feb;27(1):8-14

[Fundamental studies on colistin sodium methanesulfonate (colimycin(CL-M). I. On the blood level, distribution, and excretion of CL-M (author's transl)]

[Article in Japanese]

Yamada S, Mayahara T, Mitsuhashi N, Wakabayashi K, Hiratsuka K.

PMID: 4546295 [PubMed - indexed for MEDLINE]

1: J Dermatol 1998 Jun;25(6):415-7

Contact dermatitis due to sodium colistimethate.

Sasaki S, Mitsuhashi Y, Kondo S.

Department of Dermatology, Yamagata University School of Medicine, Japan.

Colistin methanesulfonate sodium (CLMS) is a widely-used antibiotic. To our best knowledge, only two cases of contact allergy to CLMS have been reported. We described a 4-year-old girl with contact dermatitis evoked by CLMS that had been applied as an ophthalmic solution. The dermatitis started after administration for 21 days. The diagnosis was confirmed by as is and constituent patch tests. We reviewed the literature in which contact allergy due to CLMS and colistin sulfate is described.

Publication Types:
Review
Review, Tutorial

PMID: 9675353 [PubMed - indexed for MEDLINE]

1: Thorax 1997 Nov;52(11):987-93

Intravenous colistin sulphomethate in acute respiratory exacerbations in adult patients with cystic fibrosis.

Conway SP, Pond MN, Watson A, Etherington C, Robey HL, Goldman MH.

Regional Adult Cystic Fibrosis Unit, Seacroft Hospital, Leeds, UK.

BACKGROUND: Patients with cystic fibrosis have received more intravenous antibiotic courses as median survival has steadily increased. A number of centres have adopted a policy of regular (three monthly) rather than on demand intravenous antipseudomonal antibiotics. More widespread bacterial antibiotic resistance has resulted from this increased antibiotic use. Most Pseudomonas aeruginosa strains remain fully sensitive to colistin but its use has been resisted owing to concerns about neurotoxicity and nephrotoxicity. A study was carried out to assess the safety and efficacy of intravenous colistin in the treatment of acute respiratory exacerbations in adult patients with cystic fibrosis. METHODS: Patients with chronic Pseudomonas aeruginosa colonisation who presented with protocol defined respiratory tract exacerbations were randomised to receive treatment for 12 days with either colistin (2 MU tds intravenously) alone or with a second anti-pseudomonal antibiotic. Comparisons of the absolute values of respiratory function tests on days 1, 5, and 12 and of overnight oxygen saturation on days 1 and 12 were the primary outcome measures. Patient's weight, clinical and chest radiographic scores, and peripheral blood markers of inflammation were also documented. The effect of each treatment regimen individually was assessed by the change in clinical measurements from baseline values. Adverse renal effects were monitored by measurement of serum levels of urea and electrolytes, creatinine clearance, and ward urine testing. Neurotoxicity was monitored by direct questioning for symptoms. RESULTS: Fifty three patients, 18 of whom entered the study twice, were enrolled. The mean forced expiratory volume in one second (FEV1) increased significantly in both groups, mean forced vital capacity (FVC) only with dual therapy. Both groups showed a non-significant increase in overnight oxygen saturation. All patients showed clinical improvement. Thirty seven adverse neurological events (two severe) were reported in 33 patients in the monotherapy group and 37 (none severe) in 36 patients in the dual therapy group. One patient withdrew because of severe weakness and dizziness. All other adverse neurological events were well tolerated and resolved during or shortly after treatment. Significant changes were seen in mean serum urea levels in both groups, but in only four patients to a level above the normal range, and in creatinine clearance in the dual therapy group. At 24 month follow up no long term adverse consequences from intravenous colistin were found in patients who completed the study. CONCLUSIONS: Intravenous colistin is an effective treatment for Pseudomonas aeruginosa associated pulmonary exacerbations in patients with cystic fibrosis. Assessment of the individual effect of each treatment regimen suggests a greater efficacy when colistin is combined with a second antibiotic to which the pseudomonas shows in vitro sensitivity. Changes in renal function should be monitored.

Publication Types:
Clinical Trial
Randomized Controlled Trial

PMID: 9487348 [PubMed - indexed for MEDLINE]

1: Eur Respir J 1997 Sep;10(9):1995-8

Nebulization and anti-Pseudomonas aeruginosa activity of colistin.

Diot P, Gagnadoux F, Martin C, Ellataoui H, Furet Y, Breteau M, Boissinot E, Lemarie E.

Service de Pneumologie CHU Bretonnean, Tours, France.

Colistin aerosols are frequently administered to patients with cystic fibrosis. However, questions arise concerning the effect of both jet and ultrasonic nebulizers on the properties of the drug. The aim of this study was to characterize the anti-Pseudomonas aeruginosa (PA) activity of colistin after jet (Pari LL) and ultrasonic (DP100) nebulization. A bench study was performed by capturing the aerosols, determining the drug mass, and assessing its anti-PA activity. Because the inhaled mass of colistin had to be entirely recovered for the bacteriological study, it was assessed by isotopic methods, mixing the drug with a 99mTc-labelled tracer and demonstrating that 99mTc activity accurately predicted the mass of colistin. Colistin was extracted from the filters and its antibiotic activity was determined using the method employed for the study of the bacteriostatic and bactericidal power of serum on the ATCC 27853 PA strain. The postnebulization minimum inhibitory concentrations (MIC) were 1.9 micrograms.mL-1 with DP100 and 0.5 microgram.mL-1 with Pari LL. These values were less than two dilutions different from the 1 microgram.mL-1 MIC of non-nebulized colistin. We conclude that neither jet nebulization nor ultrasonic nebulization alter the antibiotic properties of colistin and that both systems can be used to nebulize colistin.

PMID: 9311491 [PubMed - indexed for MEDLINE]

1: Transplantation 1997 Sep 15;64(5):748-52

Use of aerosolized colistin sodium in cystic fibrosis patients awaiting lung transplantation.

Bauldoff GS, Nunley DR, Manzetti JD, Dauber JH, Keenan RJ.

School of Nursing, University of Pittsburgh, Pennsylvania 15261, USA.

BACKGROUND: In patients with cystic fibrosis (CF) who are awaiting lung transplant, prolonged exposure to systemic antibiotics has frequently led to airway colonization with resistant isolates of Pseudomonas. This resistance limits the arsenal of effective antimicrobials available for infections after the initiation of immunosuppression and has been considered a theoretical deterrent to lung transplantation. METHODS: Twenty CF transplant candidates with "pan-resistant" Pseudomonas received maintenance antibiotic therapy with aerosolized colistin sodium (75 mg b.i.d.), and intravenous antibiotics were eliminated. Ten other CF candidates did not use colistin sodium. Sputum cultures and antibiotic sensitivities were followed every 3-6 weeks. RESULTS: All 20 candidates (100%) who used aerosolized colistin sodium became colonized with sensitive isolates of Pseudomonas in an average of 45.1+/-20.2 days. In contrast, only 3 of 10 CF transplant candidates (30%) who did not use colistin sodium later became colonized with sensitive isolates. The mean time to spontaneous emergence of sensitive organisms was 144.6+/-48.0 days in candidates who did not use colistin sodium and was significantly longer than in the candidates who used colistin sodium ($P=0.007$). The occurrence of redeveloping sensitive isolates of Pseudomonas was significantly greater in the candidates who used colistin sodium ($P<0.05$). Of the candidates who used colistin sodium, six have been transplanted at our institution. In five of these six recipients (83.3%) bacterial cultures taken from the explanted lungs continued to demonstrate sensitive organisms. CONCLUSION: Aerosolized colistin sodium may be a useful therapy to promote emergence of sensitive microbes in CF candidates with pan-resistant isolates of Pseudomonas.

PMID: 9311714 [PubMed - indexed for MEDLINE]

1: Thorax 1997 Jul;52(7):656-8

Effect of tonicity of nebulised colistin on chest tightness and pulmonary function in adults with cystic fibrosis.

Dodd ME, Abbott J, Maddison J, Moorcroft AJ, Webb AK.

Bradbury Cystic Fibrosis Unit, Wythenshawe Hospital, Manchester, UK.

BACKGROUND: Inhalation of hypertonic nebulised colistin causes chest tightness and is a reason for discontinuing the treatment. This study examines the relationship of chest tightness and change in lung function in response to the inhalation of a range of tonicities of nebulised colistin and their influence on patients' preference. METHODS: Twenty seven adult patients with cystic fibrosis and a mean forced expiratory volume in one second (FEV1) of 54% predicted (range 24-98) were studied. They inhaled a nebulised solution of hypertonic, isotonic, and hypotonic colistin over three consecutive days in random order in a double blind fashion. Measurements of chest tightness, using a visual analogue scale (VAS), and FEV1 were recorded before and 0, 15, 30, 60, and 90 minutes following inhalation. The solution preferred by each patient was determined at the end of the three days. RESULTS: All tonicities caused a significant fall in FEV1 % predicted and an increase in chest tightness, with no differences between the solutions. However, the mean (SE) time to the maximum fall in FEV1 % predicted was significantly different between the solutions (hypertonic 7.8 (2.1) min, isotonic 19.2 (5.5) min, and hypotonic 34.2 (5.9) min) with a mean difference (95% CI) between hypotonic and hypertonic solutions of 28.04 (14.6 to 41.5) min, between isotonic and hypertonic solutions of 12.0 (-0.1 to 24.1) min, and between hypotonic and isotonic solutions of 15.6 (1.8 to 29.4) min. Positive correlations existed for the maximum fall in FEV1 % predicted between the hypertonic and isotonic solutions ($r = 0.62$, $p < 0.001$) and between the hypotonic and isotonic solutions ($r = 0.64$, $p < 0.001$). There was no correlation between the objective and subjective measurements for any solution. The patients' preference varied. CONCLUSIONS: All tonicities of colistin caused equal symptoms of chest tightness and reduction in pulmonary function. It is recommended that the patient is challenged with nebulised colistin before prescription of the drug and that the challenge is preceded by an inhaled bronchodilator. Most of the patients preferred the isotonic or hypotonic solutions. The isotonic solution reflects a fall in FEV1 representative of all the solutions. The fall in FEV1 to the hypotonic solution occurred over a longer period and may be better tolerated by some patients.

Publication Types:
Clinical Trial
Randomized Controlled Trial

PMID: 9246141 [PubMed - indexed for MEDLINE]

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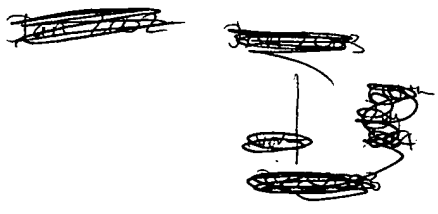
=> s colistin sulfomethate sodium

```
           118 COLISTIN
             1 SULFOMETHATE
        258761 SODIUM
L14          1 COLISTIN SULFOMETHATE SODIUM
                 (COLISTIN(W)SULFOMETHATE(W)SODIUM)
```

=> d fide

L14 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2002 ACS
RN 8068-28-8 REGISTRY
CN Colistimethate sodium (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Colistinmethanesulfonic acid (6CI)
OTHER NAMES:
CN Colimycin M
CN Colimycin sodium methanesulfonate
CN Colistimethate
CN Colistin sodium methanesulfonate
CN Colistin sulfomethate
CN **Colistin sulfomethate sodium**
CN Colistin, methyl sulfate, sodium salt
CN Colistinat
CN Coly-Mycin injectable
CN Colymycin M



CN Sodium colistimethate
CN Sodium colistinmethanesulfonate
CN W 1929
AR 3061-80-1, 27010-23-7
DR 12676-33-4, 12768-67-1, 8068-37-9, 11033-40-2, 11048-71-8, 1867-68-1, 21362-08-3, 2680-63-9, 37196-55-7, 155704-91-9
MF Unspecified
CI COM, MAN
LC STN Files: AGRICOLA, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CAOLD, CAPLUS, CHEMCATS, CHEMLIST, CIN, CSCHEM, DIOGENES, EMBASE, IPA, MRCK*, PHARMASEARCH, RTECS*, TOXCENTER, TOXLIT, USAN, USPATFULL
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=> s l14

L15 246 L14

=> l15 and lactose

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=> s l15 and lactose

L16 6 L15 AND LACTOSE

=> d l16 1-6 abs bib

L16 ANSWER 1 OF 6 CAPLUS COPYRIGHT 2002 ACS
AB Pharmaceutical compns. are described comprising micronized colistin

sulfomethate sodium (I). The micronized pharmaceutical may be used together with a carrier such as **lactose**. The pharmaceutical compns. may be packed into containers such as gelatin capsules and administered by powder inhalation. Pharmaceutical capsule contg. I: **lactose** (4:1) was prepd.

AN 2000:209869 CAPLUS
DN 132:255984
TI Micronized pharmaceutical compositions micronized colistin sulfomethate sodium
IN Flynn, Richard Anthony; Goldman, Martin Harris; Lovely, James Richard
PA Pharmax Limited, UK
SO PCT Int. Appl., 24 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000016745	A2	20000330	WO 1999-GB3172	19990922
	WO 2000016745	A3	20010510		
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	AU 9962122	A1	20000410	AU 1999-62122	19990922
	EP 1115380	A2	20010718	EP 1999-949133	19990922
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
PRAI	GB 1998-20746	A	19980923		
	WO 1999-GB3172	W	19990922		

L16 ANSWER 2 OF 6 CAPLUS COPYRIGHT 2002 ACS
AB A recently developed solid-phase binding assay was used to investigate the specificity of ligand binding to a mouse monoclonal anti-dinitrophenyl IgE (I). All DNP-amino acids, that were tested inhibited the binding of the radio-labeled I to DNP covalently attached to polystyrene microplates; however, the concn. for 50% inhibition varied within four orders of magnitude, DNP-L-serine being the most and DNP-L-proline the least potent inhibitor. In addn. to DNP analogs, a large no. of drugs and other compds. were tested for their ability to compete with DNP for the binding site of I. At the concn. used for screening, 59% of compds. had no significant inhibition; 19% inhibited the binding of I more than 50%. Several families of compds. (tetracyclines, polymyxins, phenothiazines, salicylates, and quinones) that were effective competitors were found. Within these families, changes in the functional groups attached to the family stem had major effects on the affinity of ligand binding. The occurrence frequencies of interactions of ligands with I is in good agreement with the semi-empirical model for multispecific antibody-ligand interactions.

AN 1992:400277 CAPLUS
DN 117:277
TI Mechanism of allergic cross-reactions. I. Multispecific binding of ligands to a mouse monoclonal anti-DNP IgE antibody
AU Varga, Janos M.; Kalchschmid, Gertrud; Klein, Georg F.; Fritsch, Peter
CS Dep. Dermatol., Univ. Innsbruck, Innsbruck, 6020, Austria
SO Mol. Immunol. (1991), 28(6), 641-54

CODEN: MOIMD5; ISSN: 0161-5890
DT Journal
LA English

L16 ANSWER 3 OF 6 CAPLUS COPYRIGHT 2002 ACS
AB The title solns. contain polymyxins and OH-contg. amino acids, acidic amino acids, reducing hexoses, disaccharides, carboxylic acids, OH-contg. carboxylic acids, and/or H2O-sol. polymers as stabilizers. Polymyxin B sulfate (I, 698 mg, 8600 U/mg) was mixed with 0.1% aq. L-glutamic acid soln. to 120 mL to give an injection soln., which was left at 40.degree. and 75% relative humidity for 2 mo to show 100.1% residual I vs. 77.1% for prepns. contg. no L-glutamic acid.
AN 1991:542302 CAPLUS
DN 115:142302
TI Stable aqueous pharmaceutical solutions of polymyxin antibiotics
IN Yasaka, Katsuyoshi; Taguchi, Hideki; Hara, Kazuyuki
PA Kaken K. K., Japan
SO Jpn. Kokai Tokkyo Koho, 5 pp.
CODEN: JKXXAF
DT Patent
LA Japanese
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	JP 03044333	A2	19910226	JP 1989-181168	19890713
	JP 2844351	B2	19990106		

L16 ANSWER 4 OF 6 CAPLUS COPYRIGHT 2002 ACS
AB C. intermedium was cultured from 52 human specimens. This organism was evaluated by means of its biochem. and clin. significance. C. intermedium was found to reduce nitrates, utilize citrate, and ferment rhamnose, glucose, maltose, and **lactose**. H2S production was not evident. These bacteria were frequently assocd. with neoplastic disease, cellulitis, septicemia, and urinary tract infections. The strains tested were sensitive to chloramphenicol, nalidixic acid, neomycin, kanamycin, and polymyxin B. Resistance was observed for nafcillin. Sensitivity to penicillin was erratic. The role of diminished host resistance appears to be a significant factor in establishing C. intermedium as a pathogen.
AN 1969:510760 CAPLUS
DN 71:110760
TI Clinical significance of Citrobacter intermedium
AU Slifkin, Malcolm; Engwall, Carol
CS Allegheny Gen. Hosp., Pittsburgh, Pa., USA
SO Amer. J. Clin. Pathol. (1969), 52(3), 351-5
CODEN: AJCPAI
DT Journal
LA English

L16 ANSWER 5 OF 6 USPATFULL
AB The present invention provides solid pharmaceutical compositions for improved delivery of a wide variety of pharmaceutical active ingredients contained therein or separately administered. In one embodiment, the solid pharmaceutical composition includes a solid carrier, the solid carrier including a substrate and an encapsulation coat on the substrate. The encapsulation coat can include different combinations of pharmaceutical active ingredients, hydrophilic surfactant, lipophilic surfactants and triglycerides. In another embodiment, the solid pharmaceutical composition includes a solid carrier, the solid carrier being formed of different combinations of pharmaceutical active

ingredients, hydrophilic surfactants, lipophilic surfactants and triglycerides. The compositions of the present invention can be used for
improved delivery of hydrophilic or hydrophobic pharmaceutical active ingredients, such as drugs, nutrionals, cosmeceuticals and diagnostic agents.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AN 2001:93131 USPATFULL
TI Solid carriers for improved delivery of active ingredients in pharmaceutical compositions
IN Patel, Mahesh V., Salt Lake City, UT, United States
Chen, Feng-Jing, Salt Lake City, UT, United States
PA Lipocine, Inc., Salt Lake City, UT, United States (U.S. corporation)
PI US 6248363 B1 20010619
AI US 1999-447690 19991123 (9)
DT Utility
FS GRANTED
EXNAM Primary Examiner: Spear, James M.
LREP Reed, Dianne E.Reed & Associates
CLMN Number of Claims: 57
ECL Exemplary Claim: 1
DRWN 4 Drawing Figure(s); 4 Drawing Page(s)
LN.CNT 3302
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L16 ANSWER 6 OF 6 USPATFULL
AB A medium for determining Escherichia coli sensitivity to a pre-selected antimicrobial agent. The medium contains nutrient sources, inhibitors to
inhibit growth of gram-positive and of other gram-negative micro-organisms, and an indicator which will show metabolic activity or lack thereof by E. coli in the medium, and a specific antimicrobial agent whose effectiveness against E. coli is being tested. If a given agent is effective against E. coli when E. coli is added to the medium containing that agent, the medium will remain clear. If the specific agent is ineffective against E. coli the color of the medium containing E. coli and that agent will change to blue as the E. coli metabolizes in
the medium and produces acid.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AN 82:35278 USPATFULL
TI E. coli sensitivity broth
IN Gibson, Sandra F., St. Louis, MO, United States
PA McDonnell Douglas Corporation, St. Louis, MO, United States (U.S. corporation)
PI US 4340671 19820720
AI US 1980-153194 19800527 (6)
RLI Continuation-in-part of Ser. No. US 1977-828944, filed on 29 Aug 1977, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Warden, Robert J.
LREP Gravely, Lieder & Woodruff
CLMN Number of Claims: 15
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 312
CAS INDEXING IS AVAILABLE FOR THIS PATENT.